

UNIVERSITY OF MINNESOTA MORRIS

RETURN FROM LEAVE OF ABSENCE

For UMM students who have submitted an approved Leave of Absence form. Return this form at least two months prior to the term you plan to register for classes. The University of Minnesota, Morris reserves the right to deny admission to an otherwise admissible applicant if it is determined that the applicant's enrollment would not be in the applicant's and/or the University's best interest.

You must complete all fields with an asterisk (*) in PART 1, for identification, admission, and academic records purposes. The remaining fields are used for positive identification, and institutional research. Data privacy information is available at http://onestop.umn.edu/grades_and_transcripts/student_education_records_policy.html

Return this form to the Office of the Registrar

By U.S. Postal Service mail:
212 Behmler Hall
600 East 4th Street
Morris, MN 56267

In person on campus:
212 Behmler Hall

By Fax:
320-589-6025

Questions?
Phone: 320-589-6027
Email: ummregistrar@morris.umn.edu

Please type or print legibly. **The form is not complete until you add your signature below.**

PART 1. Student Background			
Student ID or SSN	*Name (last, first, mi)		*Birth date (mm/dd/yyyy)
*Current Address	*City		*State *Zipcode
E-mail Address	Day Phone ()	Other Phone: Cell or Evening ()	
Term of Expected Return: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> May/summer Year 20		Last Term Attended: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> May/summer Year	
*Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation, or is any such charge pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No		State in which you claim legal residency:	How long have you lived in that state?
If 'yes', attach a description of the incident(s), including date(s) and location(s). If your answer changes prior to enrollment, you must promptly contact the Office of Admissions to provide an explanation.			
PART 2. Readmission Information			
A. Reason for Leaving UMM: (attach additional sheets if needed):			
B. Activity During Absence from UMM: Please attach a separate statement addressing your activity since leaving UMM.			
C. Reason for Returning:			
<input type="checkbox"/> Complete B.A. Major(s): _____		<input type="checkbox"/> Licensure Only Fields: _____	
<input type="checkbox"/> Add Major to B.A. Major(s): _____		<input type="checkbox"/> Online Classes Only	
<input type="checkbox"/> Add Minor to B.A. Minor(s): _____		<input type="checkbox"/> Other Specify: _____	
e.g. transfer courses to UMM to complete degree			
PART 3. Post-Secondary Institutions			
List all post-secondary institutions attended since attending the University of MN, Morris. Official transcripts from these institutions must be forwarded to the Office of Admissions. A decision cannot be made until they are received.			
Name of Institution	From (mm/yy)	To (mm/yy)	*Eligible to Return (Y/N)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
* If you answered "no" in this section, please provide an explanation of your ineligibility to return on a separate sheet.			
PART 4. Certification			
I certify that the information I have provided on this application and on all other application materials is complete, accurate, and true to the best of my knowledge. I understand that it is my responsibility to request that official transcripts from each academic institution that I have attended be submitted directly to the University of Minnesota, Morris. I understand that misrepresentation of application information is sufficient grounds for canceling my admission or registration.			
Student's Signature			Date

For Office Use

Service Ind Program/Plan Term Activation Address Appt Time Reg Info Sent Email Grp